



**MONTGOMERY COUNTY, MARYLAND
DEPARTMENT OF POLICE
VOLUNTEER RESOURCES SECTION**



MCPD VOLUNTEER/INTERN APPLICATION FORM

Before you begin, here are some important things to keep in mind before submitting your application:

- Fill out the application completely by **typing** it and then **mail** to the address on page 7. Make sure you **sign** the last page.
- Please send us a photocopy of your valid, government issued ID (Driver's License, State ID, Passport, Driver's Permit etc.). Be sure it is legible and, if possible, in color.
- You **must** be a U.S. Citizen *or* have a valid Green Card. If you have a Green Card, please submit a copy of that as well.
- Please provide **four fully addressed** references. These references cannot be family members or significant others.
- You *may* also choose to include a résumé and/or cover letter.

If you do not mail in a complete application, then we will NOT process your application.

Please feel free to call us with any questions at (240) 773-5625.

**MONTGOMERY COUNTY, MARYLAND
DEPARTMENT OF POLICE
VOLUNTEER RESOURCES SECTION
MCPD Volunteer/Intern Application Form**

Select the position you are applying for: ☐ Volunteer in Policing ☐ L.E.A.P. Intern

Select the term you are applying for: ☐ Spring ☐ Summer ☐ Fall ☐ Winter Year: 20____

Have you previously applied as a Volunteer/Intern with MCPD? ☐ No ☐ Yes, in (year) _____

CONTACT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Social Security No.: _____ Date of Birth (MM/DD/YY): ____/____/____ Gender: M ☐ F ☐

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Ext. _____

Cell Phone Number: _____ Ext. _____

Work Phone Number: _____ Ext. _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Home Phone Number: _____ Ext. _____

Relationship: _____

CITIZENSHIP:

Are you a United States Citizen? ☐ Yes ☐ No

If you are not a United States Citizen, do you have a valid Green Card? ☐ Yes ☐ No

If yes, please attach a copy of your Green Card and complete the section below:

Country of Birth: _____ A #: _____

Country of Citizenship: _____ Expiration Date (MM/DD/YY): ____/____/____

PREVIOUS ADDRESSES: Please list any previous addresses (and approximate dates of residence) for the last five years:

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____

DRIVING RECORD: Please indicate the following information about your license and vehicle:

Do you have a Maryland Driver's License or Permit? ☐ Yes ☐ No

MD Driver's License/Permit No.: _____ Expiration Date (MM/DD/YY): ____/____/____

Do you have or have you had a Driver's License issued by another State? ☐ Yes ☐ No

Issuing State: _____ License No.: _____ Expiration Date (MM/DD/YY): ____/____/____

Please provide the following information on the vehicle you normally operate:

License Plate No.: _____ State: _____ Expiration: _____

Year: _____ Make: _____ Model: _____

EDUCATION: Please indicate the highest level of education you've completed:

☐ High School Diploma ☐ AA ☐ BA/BS ☐ MA/MS ☐ PhD/JD ☐ Other ☐ Current Student

If "Other," please describe: _____ Field of Study: _____

Please list all of the different schools (high school and above) that you have attended:

From: ____/____	Name: _____	Degree
To: ____/____	City: _____ State: _____	Earned: _____
From: ____/____	Name: _____	Degree
To: ____/____	City: _____ State: _____	Earned: _____
From: ____/____	Name: _____	Degree
To: ____/____	City: _____ State: _____	Earned: _____

If you are still enrolled in school, please provide the following information:

Name of school: _____ Degree: _____ Anticipated Graduation Date (MM/YY): ____/____

Area(s) of study: _____

Are you applying for this position so that you may receive school credit? ☐ Yes ☐ No

LANGUAGES: Other than English, please list languages you may know:

(Rank language fluency from 1 to 5, where 5 is fluent)

Language: _____ Speaking: _____ Reading/Writing: _____

Language: _____ Speaking: _____ Reading/Writing: _____

Language: _____ Speaking: _____ Reading/Writing: _____

SKILLS AND INTERESTS: Please list your skills and interests:

Office Skills: _____

Other Skills/Certifications/Training: _____

Choose all interests that apply:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Station Operations | <input type="checkbox"/> Victim Assistance | <input type="checkbox"/> Forensics/Crime Lab | <input type="checkbox"/> Traffic Division |
| <input type="checkbox"/> Special Operations Division | <input type="checkbox"/> Records Management | <input type="checkbox"/> Alcohol Enforcement | <input type="checkbox"/> Training |
| <input type="checkbox"/> Media/Public Relations | <input type="checkbox"/> Community Policing/Patrol | <input type="checkbox"/> Technology Support | <input type="checkbox"/> Other |

If you selected "Other," please describe: _____

Do you personally know anyone who works in the MCPD? _____

Were you referred to by anyone in the department? _____

Please tell us why you wish to volunteer or intern with MCPD: _____

WORK EXPERIENCE: Please describe any previous volunteer or intern positions and/or experience (Scouts, TA, Church, School, etc.) Also, please describe any intern or volunteer experience with other law enforcement agencies (specify agency and dates of service):

Current employment status: ☐ Employed full-time ☐ Employed part-time ☐ Retired ☐ Student ☐ Unemployed

List your employers, starting with the most recent:

Current/most recent employer: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Job/Position Title: _____ Supervisor's Name and Title: _____

Hours per Week: _____ hours Supervisor's Telephone Number: _____

Previous employer: _____

From: ____/____/____ Street Address: _____

To: ____/____/____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Job/Position Title: _____ Supervisor's Name and Title: _____

Hours per Week: _____ hours Supervisor's Telephone Number: _____

MILITARY EXPERIENCE: Have you ever served in the armed forces? ☐ Yes ☐ No

From: ____/____/____ To: ____/____/____ Specialty: _____ Rank: _____

Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard

Where Did You Serve? _____ Type of Discharge: _____

AVAILABILITY AND SCHEDULE: Volunteers are asked to contribute a minimum of 12 hours per week for a period of no less than 6 months. Additionally, volunteers and interns work mostly between 8AM and 5PM, Monday through Friday.

Date available to start: ____/____/____ Days and times you're available to work: _____

Area in Montgomery County/specific location/station where you would prefer to work: _____

Expected length of commitment: ☐ Less than 6 months ☐ 6 months ☐ 1 year ☐ Indefinite

Means of transportation: ☐ Privately owned vehicle ☐ Public Transportation

Do you require any special accommodations to facilitate you volunteering? ☐ Yes ☐ No

If you answered "Yes" above, please describe: _____

INFORMATION REQUIRED FOR BACKGROUND CHECK:

Have you ever been charged with, arrested, or convicted of a crime? This includes traffic violations, DUI/DWI offenses, drug offenses, or any other type of criminal/civil/traffic offense or citation anywhere in the United States.

☐ Yes ☐ No

If you answered "Yes," please fully explain: _____

REFERENCES: Please include **4 (FOUR) FULL REFERENCES**, including **full mailing addresses, emails, and contact numbers for each**. Please **DO NOT** list any family members or significant others. Please note that if you leave any part of this incomplete then we will not be able to process your application.

FIRST REFERENCE:

Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Relationship to you: _____

SECOND REFERENCE:

Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Relationship to you: _____

THIRD REFERENCE:

Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Relationship to you: _____

FOURTH REFERENCE:

Name: _____ Telephone Number: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Relationship to you: _____

Individuals who apply to the Montgomery County Department of Police are subject to a comprehensive background investigation, since they may have access to sensitive and confidential information. The background investigation may include (but not necessarily be limited to) driving record, criminal history, and reference check of employers, friends and acquaintances. This information, along with your photograph, will be kept on file.

STATEMENT OF CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize a review of all records, or any part thereof, concerning me, by a duly authorized agent of the Montgomery County, MD, Department of Police, whether the said records are public or private, and including those that may be deemed to be privileged or confidential in nature. I understand should any statement I have made prove to be false, misleading, or erroneous (for whatever reason), it may result in rejection of my application and / or discharge from the Department of Police.

Signature
of Applicant: _____

Date
Completed (MM/DD/YY): ____/____/____

Mail this application to:

Montgomery County Department of Police
Volunteer Resources Section
100 Edison Park Drive, 3rd Floor
Gaithersburg, MD 20878